# **Policy Statement**

# Policy Statement for Free and Reduced-Price Meals

The policy statement outlines the procedures that a school food authority will uniformly implement in determining student eligibility to receive the benefits of the National School Lunch and School Breakfast Programs. All school districts and other program sponsors participating in the National School Lunch Program and/or School Breakfast Program must agree to furnish the benefits of these programs to all students regardless of their ability to pay.

In fulfilling its responsibilities, the school district agrees:

- To serve meals free to children from households whose income is at or below the current eligibility income scale for free meals or whose families are recipients of Food Stamps or Temporary Assistance to Needy Families (TANF);
- To serve meals at a reduced price to children from households whose income is at or below the current eligibility income scale for reduced-price meals;
- To provide these benefits to foster children who meet the criteria as wards of the court or state welfare agency;
- To provide these benefits to children from households on a temporary basis that are experiencing strikes, layoffs, and unemployment that causes the household income to fall below the eligibility income scale;
- That there will be no overt identification of any child receiving these benefits;
- That no child shall be discriminated against because of race, color, gender, disability, age, or national origin;

- To establish a fair hearing procedure;
- To designate both a reviewing official and a hearing official (they cannot be the same individual);
- To submit to the informational media, local employment offices, and major employers contemplating large layoffs, a public release containing the letter to parents, the eligibility criteria, and the application form;
- To establish and follow meal count and collection procedures that will not overtly identify those students receiving free and reduced-price meals; and
- To submit to the South Carolina Department of Education, Office of School
  Food Services and Nutrition any proposed alterations, amendments, public announcements, etc. prior to implementation; such changes to be effective only upon approval.

The current policy statement renewal and the most recently approved full policy statement must be kept on file in the school food authority and referred to at the beginning of each school year to assure compliance with its provisions. Copies of key attachments for the current school year must be given to each person processing meal applications for the district/sponsor and to all school staff responsible for implementing the free and reduced-price benefit requirements of the program.

# **Pricing Versus Non-pricing Policy Statements**

Depending on the school food authority operating the school nutrition programs, the policy statement will be considered either a pricing or a non-pricing document.

### **Pricing Programs**

Public school systems and most private/parochial schools are considered pricing programs. As pricing programs, free and reduced-price eligibility determinations and reporting meals by eligibility categories—free, reduced-price, and full-paid—are critical to claiming meals for Federal reimbursement.

### **Non-Pricing Programs**

The non-pricing policy applies to those operations that claim all meals for only free or only full-paid reimbursement rates. Non-profit residential child care institutions and group homes normally complete and submit a non-pricing policy, as all children served in these programs receive free meals. Residential schools that charge tuition may participate in federally-funded school nutrition programs but are only allowed to claim meals in the full-paid category at the lowest reimbursement rates.

These two types of non-pricing programs are not required to obtain or approve free and reduced-price meal applications. Documentation for claiming a single reimbursement rate is based on enrollment data by student name, dates of residence, and non-profit status of the participating institution or school.

### **Dual Program Types**

In certain instances, school food authorities participate as both pricing and non-pricing policy programs. This normally occurs when a residential institution also serves day students. Since the day students are not considered residents of the institution, meal applications must be negotiated for each day student in order to claim the appropriate category of meal eligibility-free, reduced price, or full paid-for reimbursement.

### **Impact of Different Program Types**

The policy statement and the required site profile information entered in the SNACS are impacted by these differences. The SNACS calls for different initial information depending on pricing or non-pricing status.

At the beginning of each school year policy statements are developed by the Office of School Food Services and Nutrition and sent to school food authorities based on their program type. Included

are basic instructions for completion of the policy statement and implementation of the program.

Prototype pricing and non-pricing policy statements with basic critical attachments and instructions for completing and implementing are included in this section.

## **Pricing Program Policy Statement Contents\***

Instructions for the 20\_\_-20\_\_ SFA Free and Reduced-Price Meal Policy Statement

Program Identification

Designation of Hearing, Reviewing and Verifying Officials

Renewal Policy Statement for Free and Reduced-Price Meals

Section I: Pricing Program Policy Statement for Free and Reduced-Price Meals

Attachment A: Household Size and Income Guidelines, Effective July 1,2004 through June 30, 2005

Attachment B: Parent/Guardian Letter, 2004—2005

Attachment C1: Free and Reduced-Price School Meals Application, Single Child

Attachment C2: Free and Reduced-Price School Meals Application, Multi-Child

Attachment D: Notification Letter

Attachment E: Public Media Release, 2004—2005

Attachment F: Meal Count/Collection Procedure(s)

Attachment G: We Must Check Your Application Letter

Attachment H: We Have Checked Your Application Letter

Attachment I1: Verification Tracker for School Use

Attachment I2: Verification Roster

Attachment I3: School Food Authority Verification Summary

Attachment J: Notification of Predetermined Eligibility

Section II: Waiver of Confidentiality for Free and Reduced-Price Meal Eligibility Disclosures

Section III: Direct Certification for Free Meal Benefits—Refer to SCSFS Program Reference Manual, Section 10, for explanation and relevant prototype forms.

Section IV: Special Asistance Provisions 1, 2, and 3—Refer to SCSFS Program Reference Manual, Section 9C, for explanation and relevant prototype forms.

# **Non-Pricing Program Policy Statement Contents\***

Non-Pricing Program Policy Statement for Free and Reduced-Price Meals

Non-Pricing Program Attachment A: Meal Count Methods

Non-Pricing Program Attachment B: Meal Eligibility Documentation

<sup>\*</sup>Small versions of all documents are shown on the following pages. Full size forms for printing are available in Section 27.

# INSTRUCTIONS FOR THE 20—20. SCHOOL FOOD AUTHORITY REE AND REDUCED PRICE STEAL POLICY VITALIMENT AND INFLANCATION PRICE STEAL POLICY VITALIMENT • (Section II) the 20—20 policy statement for free and reduced price meals; • (Section III) direct certification, and of the statement of the price o

# PROGRAM IDENTIFICATION (Name of School Food Authority) will participate in the following programs during the 20\_-20\_ school year in one or more schools: National School Lunch Program School Breakfast Program Afterschool Snack Program Afterschool Snack Program We also intend to participate in Special Assistance: Provision 1 Provision 2 Provision 3 (Note that participation in any provision is optional and mainly recommended for schools/districts with a high percentage of enrolled students eligible for free and reduced price meals. If you have indicated participation or interest in additional information about the provisions, we will be contacting you on further follow-up and specific actions to be taken.)

# Instructions for the SFA Free and Reduced-Price Meal Policy Statement

	olicy Statement for Free and Reduc mation of Hearing, Reviewing and '	
Please complete the inform Free and Reduced Price Me		ool food authority's Policy Statement for
	design	nates as:
(Name of School	Food Authority)	
Hearing Official,		Name of Responsible Person
and/or		Title of Responsible Person(s)
	e that all required provisions of the a basic policy pages) of the Policy Sta	ppeal process are followed as outlined in tement.
previous conference.	It is recommended that the hearing the reviewing official(s). The hear	ng the determination under appeal or any ng official hold a position at a higher ing official and the reviewing/verifying
2. Reviewing Official,		Name of Responsible Person
and/or		Title of Responsible Person(s)
		terminations. This official will use the children are eligible for free and reduced
Verifying Official,		Name of Responsible Person
and/or		Title of Responsible Person(s)
and maintains annual re	cords as follows: (1) a summary of t (2) the total number of applications	in accordance with program regulations he verification efforts which includes the on file by October 31; the percentage or
	e one or more of the above designate	d to amend the policy statement if there ed officials. Complete the following and
Please amend the policy sta	tement as reflected above.	
Signature of Authorized School Food Aut	hority Representative/District Superintendent	Date
Approved by:		
Signature of State Office of School Food	Services and Nutrition Representative	Date

# Designation of Hearing, Reviewing and Verifying Officials

## Program Identification

	F		CY STATEMENT UCED PRICE MEALS
s current S			is amending bolicy Statement for the 2020_ school year with 20_ school year:
N/A	Attachment A	: Income Eligibility G	uidelines
	Attachment B	: Revision to Letter to	Households (revised copy attached)
	Attachment C	: Revision to Applicati	on Forms and Instructions (revised copy attached)
	Attachment D	: Revision to Notificat	ion of Eligibility Letters (revised copy attached)
	Attachment E	Public/Media Releas media)	e (copy attached to document submission to local
	Attachment F:	Revisions in Meal Co	ount/Collection Procedures (amendment attached)
	Attachment G	: Revision to Notific attached)	ation of Selection for Verification (revised copy
	Attachment H	: Letter of Verification	Results (revised copy attached)
N/A_	Attachment I:	Verification Tracker/I	Roster
	Attachment J:	Revision to Notice/ attached)	Letter of Predetermined Eligibility (revised copy
NOT no produced PPROVE  C. Depart	ecessary to red locally as need DBY:	e-submit these for ded.	ovided by the State Office have been used, it r approval. Sufficient quantities may be
ffice of Sci	nool Food Service	s and Nutrition:	District Use:
		es and Nutrition	Signature of Authorized School Food Authority Representative
irector, State O	fice of School Food Servi		

Renewal Policy Statement for Free and Reduced-Price Meals

PRICING PROGRAM POLICY STATEMENT FOR FREE AND REDUCED PRICE MEALS
Year: 2020
The
has agreed to participate in the National School tool Auditority) has agreed to participate in the National School Lunch Program and the School Breakfast Program and to receive commodities donated by USDA and accepts responsibility for providing free and reduced price meals to eligible children in the schools under its jurisdiction.
The School Food Authority assures the State Department of Education, Office of School Food Services, that the school system will uniformly implement the following policy to determine children's eligibility for free and reduced price meals in all National School Lunch Programs, School Breakfast Programs, and commodity-enly schools under its jurisdiction. In fulfilling is responsibilities the School Food Authority agrees to:
A. Serve most free to children from households whose income is at or below that listed in Attachment A, column 1, to households providing a food stamp case number or a TAPK reas number and to those students pre-approved by direct certification. (TANF refers to the Temporary Assistance to Needy Families Program as administered by the S. C. Department of Social Services.)
B. Serve meals at a maximum reduced price of 40¢ for lunch and 30¢ for breakfast to children from households whose income is within that listed in Attachment A, column 2.
Income
"Income" means current income before deductions for income taxes, employees' social security taxes, insurance premiums, bonds, etc. It includes the following:
1. Monetary compensation for services, including wages, salary, commission or fees 2. Net income from sone dram self-employment 3. Net income from time self-employment 4. See income from time self-employment 5. Dividends or interest on savings or bonds, income from estates or trusts, or net rental income 6. Public assistance or welfare payments and Supplemental Security Income 7. Unemployment and wordnam's compensations 8. Government civilian employee or military retriement or pensions or veterar's payments 9. Private pensions or annuities 10. Alimony or child support payments 11. Regular contributions from persons not living in the household 12. Net royalines 13. Other contributions from persons not living in the household 14. See troyalines 15. The contributions from the contribution of the securities of the
C. Provide appropriate benefits to foster children in certain cases and to children from households who are experiencing unemployment which causes the household income to fall within the criteria set forth in Attachment A.
1

# Household Size and Income Guidelines for Five Meals or Reduced Price Meals Effective July 1, 2010 Through June 90, 2005 (1) Income Guidelines for Five Meals - 15th; Household Annual Monthly Tue, Programmer Confederines for Reduced Price Meals - 15th; Household Annual Monthly Tue, Programmer Confederines Confederi

# Pricing Program Policy Statement for Free and Reduced-Price Meals

Dear Parent/Guardian:				1
Dear Parent/Guardian:				
Children need healthy me school day. Breakfast cost price meals. Reduced price	ts ; lur	nch costs_ breakfast an	You	School offers healthy meals even ir child(ren) may qualify for free meals or for reduced for lunch.
To apply for free or reduce We cannot approve an a completed application to	pplication that is	use the Free s s not comple	and Reduce ite, so be s	d Price School Meals Application, which is enclosed ure to fill out all required information. Return the
children can get free Federal Income Chart.  Will the Information I .  What if I stop getting case number, you mus 4. What if my household your income, you mus month (\$800 per year) .  If I don't qualify now household size goes L child(ren) may be able	reduced price in meals regardles your children coll give be checked your children coll give be checked your children coll give be checked your children with a size or income stitled us if your coll us at the coll with a size or may I apply a you, income goes to get free or reth the school's	neals? Childi ss of your inc an get free or ed? Yes, we in or TANF? If when you no he changes? household si again later? down, or if yeduced price in decision abo	en in house ome. Also, reduced pri may ask you your childre longer get f If your child ze goes dou Yes. You m ou start gett meals during	holds patting. Food Stamps or TANF and most food for your household force is within the limits on the ce meals. You will need to the reformation you give, meaning the property of the information you give. Food Stamps or TANF and the term of TANF Food Stamps or TANF and the term of the term of the your door that the term of the term of the You do not have to till out another application, you do not have to till out another application. You do not have to till out another application, you gray food Stamps or TANF. If you lose you job, you the time you are unemployed.
If you have other questions	s or need help, o	call		
.,				
If you have other questions	or llame al telefo	ino:		
If you have other questions Si necesita ayuda, por fave Si vous voudriez d'aide, co	or llame al telefo ontactez nous au	no: numero:		
If you have other questions Si necesita ayuda, por favi Si vous voudriez d'aide, co FEDI Household Size	or llame al telefo ontactez nous au ERAL INCOME from July 1, 2004 to Annual	numero: L numero: E CHART June 30, 2005 Monthly	Weekly	
If you have other question: Si necesita ayuda, por faw Si vous voudriez d'aide, co FEDI Effective Household Size	or llame al telefo ontactez nous au ERAL INCOME from July 1, 2004 to Annual 17,224	E CHART June 30, 2005 Monthly 1,436	Weekly 332	
If you have other question: Si necesita ayuda, por favi Si vous voudriez d'aide, co FEDI Efficative Household Size 1 2	or llame al telefo ontactez nous au ERAL INCOME from July 1, 2004 to Annual 17,224 23,107	E CHART June 30, 2005 Monthly 1,436 1,926	Weekly	Your child may qualify for free or
If you have other question: Si necesita ayuda, por faw Si vous voudriez d'aide, co FEDI Effective Household Size	or llame al telefo ontactez nous au ERAL INCOME from July 1, 2004 to Annual 17,224	E CHART June 30, 2005 Monthly 1,436	Weekly 332 445	Your child may qualify for free or reduced price meals if your
If you have other question: Si necesitia ayuda, por fave Si vous voudriez d'aide, co FEDD Finemes Household Size 1 1 2 3 4 5	or llame al telefo ontactez nous au ERAL INCOME from July 1, 2004 to Annual 17,224 23,107 28,990 34,873 40,756	E CHART June 30, 2005 Monthly 1,436 1,926 2,416 2,907 3,397	Weekly 332 445 558 671 784	Your child may qualify for free or reduced price meals if your household income falls within the
If you have other questions SI necesita ayuda, por fav SI vous voudriez d'aide, cc. FEDD Household Size 1 2 2 3 4 5 6	or llame al telefo ontactez nous au ERAL INCOME from July 1, 2004 to Annual 17,224 23,107 28,990 34,873 40,756 46,639	E CHART June 30, 2005 Monthly 1,436 1,926 2,416 2,907 3,397 3,887	Weekly 332 445 558 671 784 897	Your child may qualify for free or reduced price meals if your
If you have other question: Si necesitia ayuda, por fave Si vous voudriez d'aide, co FEDDI Entertree Household Size 1 2 3 4 5 6 7	or llame al telefo ontactez nous au ERAL INCOME from July 1, 2004 to Annual 17,224 23,107 28,990 34,873 40,756 46,639 52,522	E CHART June 30, 2005 Monthly 1,436 1,926 2,416 2,907 3,397 3,887 4,377	Weekly 332 445 558 671 784 897 1,011	Your child may qualify for free or reduced price meals if your household income falls within the
If you have other questions SI necesita ayuda, por fav SI vous voudriez d'aide, cc. FEDD Household Size 1 2 2 3 4 5 6	or llame al telefo ontactez nous au ERAL INCOME from July 1, 2004 to Annual 17,224 23,107 28,990 34,873 40,756 46,639 52,522 58,405	E CHART June 30, 2005 Monthly 1,436 1,926 2,416 2,907 3,397 3,887	Weekly 332 445 558 671 784 897	Your child may qualify for free or reduced price meals if your household income falls within the
If you have other questions is necessia ayuda, por favo Si necessia ayuda, por favo Si vous voudrier d'aide. Ce se	or llame al telefo ontactez nous au ERAL INCOME from July 1, 2004 to Annual 17,224 23,107 28,990 34,873 40,756 46,639 52,522 58,405 50 n +5,883 xplains how we will to give the information to give the information on the program, and the program, and the program, and the program, and the program is not in the program.	E CHART June 30, 2005 Monthly 1,436 1,926 2,416 2,907 3,387 4,377 3,887 4,378 4,978	Weekly 332 445 558 671 784 897 1,011 1,124 +114 nation you give not, we cannot did you must che courtly Number to rules of the p etermine bene fermine fe	Your child may qualify for free or reduced price meals if your household income falls within the

Attachment B: Parent/Guardian Letter

# Attachment A: Household Size and Income Guidelines

FREE AN	D REDUCED PRIC	E SCHOOL ME	ALS APP	LICATION	
Part 1. Child in School					
Name of child in school				Food Stamp (	not EBT card #)
(First, Middle Initial, Last)	School Name		Grade	or TANF Cas	ie# (if any)
If you listed a Food Stamp/TANF Part 2. Foster Child	case number for this of	child, skip to Part 4.			
Part 2. Foster Child  If this application is for a child who i	s the legal responsibility	of a welfare agency or	court list the	amount of the	child's personal use
monthly income: \$	. Write "0" if foster child	d has no personal use	income. Ski	p to Part 4.	·
Part 3. Total Household incom	e from Last Month—)  2. Last month's incom			d how often.	
Name (List everyone in household.)	2. Last month's incom Example: \$10/monthly			erv other week	\$100/weekly
(List everyone in nousenoid.)	Earnings from work	Welfare, child suppor	t, Pensions	, retirement,	
Example: Jane Smith	s200/weekly	alimony \$150/weekly	Social Se		Other \$ /
	\$200 NECKLY	313GWeekly	\$100/Wei	zniy	
1.	\$	\$	s		\$
2.	s	s	s		s
3					
J.	\$	\$	\$		\$
4.	\$	\$	s		\$
5.	\$	\$	\$		\$
6.	s	s	s		s
7	•	,			
**	\$	\$	\$		\$
Part 4. Signature and Social Se An adult household member must			and Referen		or doc Particles on have
Social Security Number or mark the I certify (promise) that all informatic Federal funds based on the informat if I purposely give false information, Sign here: x	n on this application is ti tion I give. I understand i	rue and that all income that school officials ma eal benefits, and I may Da	is reported. by verify (che be prosecut te	I understand took) the informa	hat the school will get tion. I understand that
Social Security Number: Part 5. Children's racial and et			ot have a Soc	ial Security Nu	mber
Mark one or more racial identities:	nnic identities (optior	iai)			
☐ Asian ☐ Black or African America Mark one ethnic identity: ☐ Hispa		ve Other P	lawaiian or acific Islander	☐ White	□ Other
Don't fill out this part. This is f	or school use only.				
Monthly Income: Hou Eligibility: Free Reduce	e Conversion: Weekly x 4 sehold Size: d Denied d: Time Period	FS/TANF: Reason: _		Date Withdroires after	rawn:

Attachment C1: Free and Reduced-Price School Meals Application, Single Child

Part 1. Children in School (Use Names of all children in school	e a separate applicati	on for each foster ch		
(First, Middle Initial, Last)	School Name		Grade or TANF C	p (not EBT c ase # (if any)
If you listed a Food Stamp/TANF	anno number for EAC	"H shild skip to Dort 4		
Part 2. Foster Child	case number for EAC	n ciliu, skip to rait 4		
If this application is for a child who	is the legal responsibility	of a welfare agency or o	ourt, list the amount of the	he child's pe
monthly income: \$		d has no personal use in		
Part 3. Total Household incom		You must tell us how ne and how often it was r		1.
Name (List everyone in household.)	Example: \$10/monthly		s100/every other week	\$100/we
(List everyone in nousehold.)	Earnings from work	Welfare, child support.	Pensions, retirement,	1
Example: Jane Smith	before deductions \$200/weekly	alimony \$150/weekly	Social Security \$100/weekly	Other \$ /
1				
li .	\$	\$	\$	S
2.	s	s	s	s
3			1	
u.	\$	\$	\$	\$
4.	s	s	s	s
5.				
J.	\$	\$	\$	\$
6.	s	s	s	s
7				
**	\$	\$	\$	S
Part 4. Signature and Social S				
An adult household member must Social Security Number or mark the	sign the application. If I	art 3 is completed, the	adult signing the form r	must also lis
I certify (promise) that all information				
Federal funds based on the informa-	ation I give. I understand	that school officials may	verify (check) the inform	
if I purposely give false information. Sign here: x	, my children may lose m	eal benefits, and I may t	ne prosecuted.	
Social Security Number:		□ I do not	Date_ have a Social Security N	lumber
Part 5. Children's racial and et	hnic identities (optio		nave a coolar occurry r	*uniou
Mark one or more racial identities:		•		
☐ Asian ☐ Black or African America	☐ American Inc or Alaska Nat		waiian or Whi ific Islander	te 🗆
Mark one ethnic identity:   Hispa		t Hispanic or Latino	AITC ISIGNIUSI	
Don't fill out this part. This is	for school use only.			
Monthly Incom	e Conversion: Weekly x			
Monthly Income: Hou Eligibility: Free Reduce	sehold Size: ed Denied	FS/TANF: Reason:		ndrawn:
Temporary: Free Reduce	ed: Time Perio		(expires after	days)
Determining Official's Signature:			Date:	
Determining Ornoldi 8 Signature:			Date.	

# Attachment C2: Free and Reduced-Price School Meals Application, Multi-Child

			PUE	BLIC MEDIA REI	EASE		
				School or Sc	chool District toda	v announced its	s policy for fi
	gram. L			schools under the ave adopted the fi	National School	Lunch Program	and the Scho
Househol	d Size and	Income Guide	elines for Free I	Meals or Reduced Price	Meals Effective July	1, 2004 Through Ju	une 30, 2005
		idelines for F			2) Income Guidelines		
Household Size		Monthly	Weekly	Household Size	Annual	Monthly	Weekly
(1)	12,103	1,009	233	(1)		1,010 - 1,436	234 - 332
(2)	16,237	1,354	313	(2)	16,238 - 23,107		314 - 445
(3)	20,371	1,698	392	(3)		1,699 - 2,416	393 - 558
(4)		2,043	472	(4)	24,506 - 34,873		473 - 671
(5)	28,639		551	(5)	28,640 - 40,756		552 - 784
(6)	32,773	2,732	631	(6)	32,774 - 46,639	2,733 - 3,887	632 - 897
(7)	36,907	3,076	710	(7)	36,908 - 52,522	3,077 - 4,377	711 - 1,011
(8)	41,041	3,421	790	(8)	41,042 - 58,405	3,422 - 4,868	791 - 1,124
For each Addition							
Family Member	+4,134	+345	+80		+5,883	+491	+114
				low the levels show			
programs and security numb household men Households re	an adult er of the ober and	ANF case n household adult house a signature of free or redu	umber certif member sigr ehold member of an adult he aced price b	ying the household nature or (2) name er signing the appl ousehold member co enefits must notify	is currently eligi s of all household ication form, mon ertifying that the ir school officials	ble for either of members, the thly income by formation provi during the sch	name and soc source for ea ded is correct. ool year of a
programs and security numb household men Households re decreases in h also notify off Foster children children living application for Under the prov- eligibility. Pa	an adult er of the mber and ousehold icials of a n may als g with the m.	ANF case n household adult house a signature of free or redu size and an ny terminati so be eligib em and wis "the policy _ quardians dis	umber certif member sign ehold membe of an adult he aced price b y increases i ion of benefit ole for these th to apply i	ying the household hature or (2) name er signing the appl susehold member or enefits must notify in income of over \$ is for children unde benefits regardless for such meals for such the properties of invitate of reviewing of the ruling of the i	is currently eligifs so fall household ication form, mor ertifying that the ir y school officials 50 per month or \$ r the Food Stamp c of household inc them, they may will re-  "fficial" will re-	ole for either of members, the thly income by formation provi during the sch 600 per year. I ar TANF Program ome. If a hous do so by completive application may wish to disa	these assistan name and soc source for ea ded is correct. ool year of a Households mi ms. sehold has fos- leting a separa s and determin cuss the decisi
programs and security numb household men Households re decreases in h also notify off Foster children children living application for Under the prov- eligibility. Pa	an adult er of the mber and ousehold icials of a n may als g with the m.	ANF case n household adult house a signature of the size and an any termination of the policy and an any termination of the policy and any termination of the policy augurations distributed in informal but a size and any termination of the policy auguration of the policy	umber certifi member sigr ehold membe of an adult be aced price by y increases it ion of benefit ole for these sh to apply if (positi ssatisfied with asis. Parents	ying the household atture or (2) name er signing the appl suschold member or enefits must notify in income of over \$ is for children unde benefits regardless for such meals for significant to incomitted of reviewing of the ruling of the in wishing to make a such	is currently eligis s of all household ication form, mor ettifying that the ir y school officials So per month or 3 the Food Stamp of of household inc them, they may will re- fficial) will rev ificial will rev ificial of the food Stamp of household inc them, they may	ole for either of members, the thly income by formation provi during the sch 600 per year. I ar TANF Program ome. If a hous do so by completive application may wish to disa	these assistan name and soc source for ea ded is correct. ool year of a Households mi ms. sehold has fos- leting a separa s and determin cuss the decisi
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### Attachment E: Public Media Release

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## Attachment D: Notification Letter

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	F  Meal Count/Collection Procedure(s)
Scl	nool Food Authority:
to sch	implete the checklists in Section A to indicate procedures used in your school/district for inting meals and collecting revenues by placing a check in the applicable box. Then continue Section B of Attachment F for detailed descriptions of the count procedures to be used at ool sites. The actual procedures will be entered by site in the required profile information ained via the School Nutrition Automated Claim System (SNACS).
	CTION A:  All approve meal count/collection procedures must include a method for prepayment and/or post billing (charging). Charging is seldom recommended. The provision for allowing for prepayment and/or post-billing should make fire and reduced-price meal recipients appear as students who pay full price or reduced. Check not or more of the following:
	□ Students or parents can make full and reduced-price meal payments in advance in a designated area away from the cafteria serving line on a duily, weekly, or monthly basis. Students receiving free meal benefits receive such meals in the exact same way as paying students.  Full and reduced-price meals can be post-billed (charged). Parents are billed and may mail in payments or students or parents may pay in a designated area away from the cafteria serving line for meals laready received. Care is taken that neither the billing nor the payment identifies those who pay nothing.
	+ + + + + +
2.	The option of prepayment (and/or charging) of meals should be routinely publicized. This may be done by using methods such as posting signs, making public announcements, including the information in printed material, etc. Some districts offer incentives for prepayment options when cash is also accepted on the serving line. Check one or more of the following:
	The ability for students and/or parents to prepay (or charge) is routinely advertised:    In the letter to parents (Notice/Letter to Households) sent home with the application at the beginning of each school year.    In an announcement made over the school's public address system.   In a newspaper/newsletter article.   By a posted notice (sign) displayed in the cafeteria area.
3.	The medium of exchange for free and prepaid (or post-billed) reduced and full-price meals must be identical except for the code. Color-coding by category or single-symbol coding

### Attachment F: Meal Count/Collection Procedures

	tion of Selection for Verification of Eligibility, Page 1 of 2
W	E MUST CHECK YOUR APPLICATION
School:	Date:
Dear	:
equire that we do this to n	ice School Meals Application has been selected to be checked. Federal rules nake sure only eligible children get free or reduced price meals. You must send t [names of children] are eligible.
end EITHER:	
	Stamps or TANF for your children. Section 2 on page 2 shows what kind of See section 1 for foster children.
OR:	
	ity Number* of each adult household member and proof of your household's 3 on page 2 shows what kind of proof you should send.
f possible, send copies, no ou ask.	ot original papers. If you do send originals, they will be sent back to you only if
ou must send the inforr getting free or reduced p	nation we need, or contact [name] by [date], or your children will stop rice meals.
Send information to: [ade	dress].
you have questions or ne	eed help, please call [name] at [phone number].
Sincerely,	
[signature]	
mark the "No Social Secur Act. We may use the Social income. You do not have to	u must give the Social Security Number of each adult household member or ty Number box. This is required by Section 9 of the National School Lunch Security Number to check the information you provide about your household Security Number or Social Security Number or mark the "No Social Security Number children will stop gatting free or reduced price meaks."
accordance with Federal la discriminating on the basis discrimination, write to USI	ent: This explains what to do if you believe you have been treated unfairly. In w and U.S. Department of Agriculture policy, this institution is prohibited from of race, color, national origin, sex, age, or disability. To file a complaint of 3A, Director, Office of UN Rights, Room 328-W, Whitten Bullding, 1400 Index- shington DC 20259-9410 or call 202-720-5964 (voice and TDD). USDA is an and employer.

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# Attachment G: We Must Check Your Application Letter

	Section 10 Verification Tracker FICATION TRACKER FOR	echool lies	
VEKI	FICATION TRACKER FOR	SCHOOL USE	
Date V	erification Notice Sent:		
Date R	Response Due from Household:		
Date S	econd Notice Sent (or N/A):		
Approv	val Based On:		
	Food Stamp/TANF Case Number		
	Household Size and Income		
Verifica	ation Result:		
	No Change		
	Free to Reduced		
	Free to Paid		
	Reduced to Free		
	Reduced to Paid		
Reaso	n for Change:		
	Income:		
	Household Size:		
	Change in Food Stamp/TANF		
	Did not respond		
	Other:		
Date N	lotice of Change Sent:		
	Change Made:		
Date H	learing Requested:		
Hearin	g Decision:		
-	ng Official's Signature:		
Date:			

Attachment H: We Have Checked Your Application
Letter

School			Year					Page	0	1			
School District				1									
VERIFICATION ROSTER	S.R												
DRECTIONS FOR USE: Enter names of students for verification. Enter dates for each activity identified and simply check the appropriate column under "Reauts" and "Reasons".	names	of studen:	Is for veri	fication.	Enter dat	les for ea	ch activit	y identifie	ed and sir	nply chec	k the ap	oropriate	olumn
Method of Selection (Focused, Random, Other)_	Random	, Other)_											
		_	DATE(S)			RESUL	RESULTS OF VERIFICATION	ERIFIC	ATION	REAS	ONS F	REASONS FOR CHANGE	NGE
Name of Student	Selected	Response Due	Adverse Notice Sent	Verified	Terminated	No Change	Changed Free To Reduced	Changed Reduced To Free	Free or Reduced Ib Ineligible (Paid)	Income too High	No Current Food Stamp <sup>1</sup> TANF	Refused to Cooperate/ No Response	Other
				Ī									

Attachment I1: Verification Tracker for School Use

Attachment I2: Verification Roster

School Food Authority Verification Sum	mary	
Year:		
SFA Name:		
Description of Selection Method (check method used)		
Random Sampling		
Focused Sampling		
100%		
Other (Describe):		
Total Number of Approved Applications on file as of Oc	tober 31, 20:	
Summary of Verification Results	Number Verified	Percent Verified
If Focused:		
Number of Food Stamp/TANF Applications on File October 31:		
Number of Food Stamp/TANF Applications Verified:		%
Number of NON-Food Stamp/TANF Applications Verified:		%
If Random or Other Method:		
Number of Applications Verified:		%
Verification Results:		
Number of students (including siblings, if applicable) whose benefits changed from:		
Free to Reduced:		
Reduced to Free:		
Free or Reduced to Ineligible (Paid)		
Terminated due to No Response:		
The above SFA-wide data and the information noted for on file for review purposes.	r each verified application	on must be maintaine
Signature of Verifying Official	Title of Verifying Office	cial
Date Verification was Completed		

Dear Parent or Guardian:  Because you are currently eligible to receive food stamps or TANF or both, your child/children been pre-approved to receive fee school lunch and breakfast. This pre-approval is for the followhildren:  Child/Children's Name(s)  School Name  Child/Children's Name(s)  School Name  School Name  At the beginning of the school year a letter to parents and an application for fee and reduced, meals are distributed to each household: Do not fill out or return an application for the child/children present presents and the school year a letter to parents and an application for fee helidschill sited above. These benefits will start the first day of school. You must notify the school of loss of stamp or TANF benefits. At that time it may be necessary to fill out an application for continuation may be necessary to fill out an application for continuation may be necessary to fill out an application for continuation of if you have any questions, please contact.  Name:  Tale:  Address:  Telephone:
Because you are currently eligible to receive food stamps or TANF or both, your child/children been pre-approved to receive free school lunch and breakfast. This pre-approval is for the follo-children:  Child/Children's Name(s)  School Name  Child/Children's Name(s)  School Name  At the beginning of the school year a letter to parents and an application for free and reduced-meals are distributed to each household. Do not fill out or return an application for the child/child islated above. Those benefits will start the first day of school. You must notly the school of loss of stamp or TANF benefits. At that time it may be necessary to fill to that an application for continuation meal benefits.  If you do not want the free meals for your child/children, or if any of the above information is incor of if you have any questions, please contact:  Name:  Title:  Address:
At the beginning of the school year a letter to parents and an application for free and neduced, means are distributed to each bousehold. Do not fill out or return an application for the childsthal isled above. These benefits will start the first day of school. You must notify the school of loss of starp or TANP benefits. At that time it may be necessary to fill out an application for continuation meal benefits.  If you do not want the fee meals for your child/bildren, or if any of the above information is incor of if you have any questions, please confact.  Name: Title: Address:
meals are distributed to each household. Do not fill foul or return an application for the childribid islead above. These benefils will start the first day of school. Our must notify the school of loss of stamp or TAMF benefits. At that time it may be necessary to fill out an application for continuation meal benefits.  If you do not want the free meals for your childichildren, or if any of the above information is incorr of if you have any questions, please contact.  Name:  Title:  Address:
meals are distributed to each household. Do not fill foll out or return an application for the childribid islated above. These benefits will start first day of school. Our must notify the school of loss of stamp or TANF benefits. At that time it may be necessary to fill out an application for continuation meal benefits.  If you do not want the free meals for your childichildren, or if any of the above information is incorr of if you have any questions, please contact.  Name:  Title:  Address:
Sincerely,
(Signature of Authorized Representative)
Non-discrimination Statement: This explains what to do if you believe you have been freated urfairly. In accordance with eral law ard U. S. Department of Agriculture policy, this institution is prohibeted from discriminating on the base of race, a institution of property of the prope

### Attachment I3: School Food Authority **Verification Summary**

### SECTION II WAIVER OF CONFIDENTIALITY FOR FREE AND REDUCED PRICE MEAL ELIGIBILITY DISCLOSURES

Although not as restrictive as in the past, rules of confidentiality still apply to the use of free and reduced-price eligibility information by student name. States are currently allowed to use free and reduced price eligibility information in summary form for demonstrating economic need or for purposes of program funding. The restrictions apply when individual students are identified through lists, amouncements, etc. as eligible for free and/or reduced-price meals. The meal application solicits information to determine eligibility for school meal benefits only and such documents including direct certification listings must be treated in a confidential manner.

To accommodate the need for free and reduced-price meal information on an individual basis, USDA established a waiver of confidentiality option which allows the household to grant permission for the use or disclosure of their child 5 or children's flee or reduced price and eligibility for other program purposes. A sample waiver document is included in this Section As indicated on the suggested form, exact purpose and/or benefits must be clearly identified. Waivers may be included on the meal application, however, all required statements and disclaimers must be on the application or in the cover letter to the households. Specifically, households must be informed that:

- Signing the waiver is not a requirement or prerequisite to receiving meal benefits.
   Participation in the TANF (AFDC) or food stamp programs will not be disclosed.
   The waiver will only be used for those programs or benefits agreed to by the household.
- household.

  The Privacy Act applies if the household member's social security number is used in any manner. (The household must be informed whether the provision of the social security number is voluntary or mandatory, by what authority the number as solicited, who will use the number and how it will used.)

Agencies other than the school district using eligibility information by student name must assure the district in writing that eligibility status information will be used for the stated purpose only. The district may and to administer the waiver process on an individual benefit or program basis rather than list various uses together on one waiver document.

The waiver of confidentiality only applies when free and/or reduced-price meal eligibility is used or released on an individual name basis. Any summary use of free and reduced-price meal eligibility data is permissible without going through the waiver process. USDA has formally authorized three exceptions to the waiver requirement: (1) names of students with his or he eligibility may be used without a waiver for National Assessment of Education Progress (standardized testing), (2) provided to officials collecting data for Title I allocation and evaluation purposes, and (3) shared with Medicaid and State Children's Health Insurance Program (SCHIP) officials and agencies with appropriate written agreements in place.

### Attachment J: Notification of Predetermined Eligibility

Section III: Direct Certification for Free Meal Benefits—Refer to SCSFS Program Reference Manual, Section 10, for explanation and relevant prototype forms.

Section IV: Special Asistance Provisions 1, 2, and 3—Refer to SCSFS Program Reference Manual, Section 9C, for explanation and relevant prototype forms

Section II: Waiver of Confidentiality Disclosures

FOR NON-TRIC	CING* PROGRAMS
(For use by schools and program sites which do	not have separately identifiable charges for meals.)
The(Name of School Food Authority)	agrees to participate in the National School
Lunch Program  and School Breakfast Program, and providing free and reduced-price meals to eligible children	
The School Food Authority assures the South Carol administering the program(s) in the school(s) and site fulfilling these responsibilities, the School Food Authority	s under its jurisdiction will be uniformly implemented
1. Agrees that there will be no physical segregation of,	nor any other discrimination against, any child.
<ol><li>Agrees that in the operation of Child Nutrition Progression, sex, age, national origin, or disability.</li></ol>	rams, no child shall be discriminated against because of
<ol><li>Agrees to submit to the South Carolina Departmen implementation of these changes. Such changes will</li></ol>	
Agrees to establish a procedure to accurately count at the and produce meals with the objective of providing one per child per day. Any excess meals shall not be claimed	reimbursable lunch and/or breakfast and/or afterschool s
COMPLIANCE WITH THESE REQUIREMENTS Y OF EDUCATION AS PART OF ITS SUPERVISORY	
The following attachments are considered part of this pol	icy:
Meal Count Methods (Attachment A), and sample RG Attachment A must be your guide for choosing the ap count procedures must be entered on the School Nutri program. Attachment B is for your use in documenting of	propriate meal count procedures. Information on these tion Automated Claims System (SNACS) for each site
IMPORTANT NOTICE	
*This non-pricing program policy applies to residenti manner, a pricing policy covering free and reduced	
APPROVED BY:	
S. C. Department of Education Office of School Food Services and Nutrition:	Institution:
Director, State Office of School Food Services and Nutrition	Signature of School Food Authority Representative

### Non-Pricing Program Policy Statement for Free and Reduced-Price Meals

Free an	nd Reduced Pri	ce Meals E	ligibility D				
Name of Child Residing in the Determining Institution	Date of Birth	Date Entered Institution	Date Withdrawn	Income Rec'd. Directly by Child	Dates for which income is received	Free Reduced or Paid	Initials of Official
		+					
							-
		-					
		1					1

Non-Pricing Program Attachment B: Meal Eligibility Documentation

ATTACHMENT A
MEAL COUNT/COLLECTION PROCEDURES

Regulations require that meal counts at lunch and breakfast be taken at the point of service. This is the point at which one can accurately determine that a reimbursable meal has been served to an eligible child. For schools with a regular cafeteria line, this point would be at the end of the serving line, where one could see all of the items a child has been served. The meal count method must provide an accurate count by category (free, reduced price, and paid) and must not overthy identify any child eligible for free or reduced price meals, either when tickets are issued of when the meal is served.

1. Roster

A roster is prepared which contains the names of all children. The words "free" and "reduced price" do not appear on the roster used at the meal service. If you serve meals to children in more than one category (that is, if you have students who are free, reduced price and paid, not all free) then the roster must be coded so that the category is shown in a way that will not overly identify the children's benefit levels. The names of individual children are checked off as they receive meals. A count by category is made of all meals served daily. The cashier checks off the names of students on the roster as they receive meals. Children may pay cash at serving time or go to a designated place during the day and pay in advance for a week or other specified period.

At all times, when children are served, there is no overt identification of the children eligible for free and reduced price meals

### This method will be used for breakfast \_\_\_\_\_

2. Accompanying Adult
A teacher or other adult accompanies each group of children to the dining area and/or eats with them.
These adults have been confidentially informed of the eligibility category of each child and are responsible for recording the actual number of children served during the meal service. The counts by order category from each group or class are later consolidated by the food service manager or other designated personnel, to obtain the total daily count for each meal.

At all times, when children are served, there is no overt identification of the children eligible for free and reduced price meals.

This method will be used for breakfast \_\_\_\_\_, lunch \_\_

tentical Texets Il children are given a ticket. The tickets are identical except for the names of the children written on em. Each child's ticket is collected as he/she receives a meal: these are later compared with a roster of them. Each child's ticket is collected as he/she receives a meal; these are later compared with a roster of the children's eligibility to obtain the number of meals served by category; a count of all meals served is made daily. The tickets are returned to the children for use following the meal service.

At all times, when tickets are distributed and when meals are served, there is no overt identification of the children eligible for free and reduced price meals.

This methods will be used for breakfast \_\_\_\_\_, lunch \_

ATTACH SAMPLE TICKET(S).

### Non-Pricing Program Attachment A: Meal Count Methods

South Carolina School Food Service Program Reference Manual
Section 2C: Policy Statement

Notes: